								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR								<b>a</b>					
Effective October 1, 2001								10064087					
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			2	<				RATE	FEE		RATE	FEE	
FOR .			NUMBER FILEO		NUMBER EXTRA			BASIC FEE	370.00	OR	Basic Fee	740.00	
TOTAL CHARGEABLE CLAIMS			25 minus 20=		• 5			X\$ 9=		OR	X\$18=	90	
INDEPENDENT CLAIMS			10	nus 3 =	7			X42=		ОЯ	X84=	58K	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1.418	
2/2	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENTA		CLABMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 15	Minus	- 9	5	- 0		X\$ 9=		OA	X\$18=		
	Independent	• 10	Minus	*** /	0	= /		X42=		OR	X84°		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA							+140=		OR	+280=	/	
								TOTAL		OR	TOTAL ADDIT, FEE		
1-31-06 (Column 1) (Column 2) (Column 3)								ADDIT. FEE		,	AUDII. PEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		RIGH	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 24	Minus	** 0	157	- Q		X\$ 9=	/	OR	X\$18=		
	Independent	NTATION OF MI	Minus	eee CNDEN	10	<u> - 0                                   </u>		X42=		OR	X84=		
Ш	FIRST PRESE	NIAHON OF MI	ULTIPLE DE	PENDEN	CDAM			+140=		OR	+280=		
								TOTAL ADDIT, FEE		OR	TOTAL		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREV	EST BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••				X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		•		X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.140-			+280=		
• 1	If the entry in coh	+140=		OR	TOTAL								
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

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Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE